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## \*\* CONTINUING DATA \*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \* SMALL ENTITY \*\*  
 \*\* 12/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a- d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

26712

## TITLE

Method of reducing alopecia and bladder toxicity of cyclophosphamide

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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